

ble. He continued in this state for nearly twelve months neither improving nor retrograding.

He was taking cod-liver oil, quinine, and phosphorus. The paralysed parts were now brought under the influence of galvanism, and injections of 1.6 grain strychnia and 120 of a grain of atropia were daily used to the lower extremities. At first the induced current from a two celled Stohrer's battery was several times applied to the tongue without any results; after this, the continuous current from a six celled Stohrer's battery was applied, and with the best results for the tongue was quickly protruded, and as sharply retracted. For some days, he had, however, no voluntary power over it, but the use of daily galvanic stimulus shortly ensured this, and articulation soon became perfect. It was for some time almost inaudible, and the letter *R* was the most inarticulate of all the consonants. With this, the power of swallowing soon returned, so that he had complete co-ordinate voluntary power over those parts supplied by the bulbar nerves. The last to gain power and sensation were the lower limbs. The muscular atrophy here was so extreme, that nothing but the tibiae and integuments appeared left, but the galvanism, friction and injections gave the excellent result now seen. For instead of his being a mute, helpless and emaciated creature, he had complete voluntary power over every part of the body. In reference to the nature of the lesion in the medulla, Dr. Dowse thought that it existed within, rather than without this part of the cerebro-spinal system; it might, most probably, be due to venous extravasation during one of the severe epileptic seizures.

Dr. Hughlings Jackson thought the case of great value. He knew of none other which, with the same symptoms had recovered. He had tested the patient's palate which acted tolerably well. He thought Dr. Dowse was to be congratulated upon his *good report* of the case, and its good issue in his hands.

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CONVULSIONS AND PARALYSIS DUE TO FRONTO-PARIETAL MENINGO-ENCEPHALITIS. The following are the conclusions of a recent memoir by Dr. L. Landouzy, as given in the *Gaz. des Hopitaux*, No. 55.

For the theory of reflex excitation accepted generally by authors to account for the motor troubles from tuberculous meningitis, we think we are correct as regards the partial disorders of this kind at least, in substituting the theory of local excitation.

To the reflex excitations, or those at a distance we oppose:

1. Clinical experience; with its limited convulsions and paralysis, its *dissociations symptomatiques* infinitely varying (myoplegias, monoplegias, facial convulsions, rotation of the head, etc.), its habitual convulsive or paralytic hemiplegias, all symptomatic modalities which, escaping entirely from the action of the centres (ganglia, medulla, cord), can only be attributed to these *dissociations anatomiques* (motor points), the existence of which is affirmed by human pathology, in accord with experimental physiology.

2. Pathological anatomy with its predominating lesions in those regions of which these motor attributes seem well demonstrated.

3. Pathological physiology with its degenerations invading the parts of the body otherwise affected by these motor troubles.

4. Pathology as a whole, which, bearing witness to a common symptomatology whenever the lesions invade the motor regions, shows that, as the lesions they produce are cortical, the tubercular fronto-parietal meningites are also cortical in their convulsive and paralytic symptomatology.

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The following articles, among others, have also recently appeared on subjects related to the Pathology of the Nervous System and Mind and Pathological Anatomy:

KEY and RETZIUS, A case of Hemorrhage in the ventricles, bearing on the question of their communication with the sub-arachnoid spaces, *Nord. Med. Arkiv.*, VIII., No. 5, III.; SAVAGE, Cases of insanity relieved by acute disease, *Practitioner*, May; BALLINGER, Note on the Remissions in the Maniacal form of General Paralysis, *Ann. Méd. Psychologiques*, May, 1876; SANDER, On Premonitory Symptoms of Paralytic Insanity, *Berliner klin. Wochenschr.*, No. 21; KRAFFT-EBING, On Epileptoid Reverie and Dream States, *Allg. Zeitsch. f. Psych.*, XXXIII., II; KOEHLER, On Idiocy and Idiot Asylums, *Ibid.*; ROSENTHAL, On Nervous Affections from the use of lead or mercurial cosmetics, *Wiener med. Presse.* (cont. art.); RIVA, Cephalalgia from sub-paresis of the Superior Cervical Ganglion, *Rivista Clinica*, May; RISEL, On the Pathology of Herpes Zoster, *Deutsche med. Wochenschr.*, No. 23; CLOUSTON, Disorders of Speech in Insanity, *Edinburgh Med. Journal*, April.

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